

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091592645

FILING DATE

APPLICANT(S)

4-5-04

CLAIMS

	OFFICE		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13						
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18						
19						
20	1					
21		1				
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23	1					
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	13					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS